

# AFIX Online Tool User Guide



Version 3.0  
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## INTRODUCTION

The AFIX Online Tool is a data collection, analysis, and visualization tool which can be used to pinpoint strengths and improvement opportunities for providers. Coverage data for the AFIX Online Tool must be generated either directly from the Awardee's Immunization Information System (IIS) or from IIS data being imported into CoCASA.

This User Guide describes how to navigate the AFIX Online Tool for recording, managing, and aggregating AFIX site visit data from across the Immunization Awardee's jurisdiction.

## GETTING STARTED

### Navigation to Home Page/Awardee Dashboard

The AFIX Online Tool responds to the steps listed below, to reach the AFIX- Home page, which is the Awardee Dashboard.



AFIX NAVIGATION:	AFIX SYSTEM RESPONSE
<ul style="list-style-type: none"> <li>Go to <a href="https://sams.cdc.gov">https://sams.cdc.gov</a> and log in using the appropriate option</li> </ul>	
<ul style="list-style-type: none"> <li>Click <b>ACCEPT</b> will take you to your program's PAPA page</li> </ul>	<p><b>WELCOME TO PROGRAM ANNUAL REPORT AND PROGRESS ASSESSMENTS (PAPA)!</b></p> <p>The PAPA website contains many of the reports that CDC awardees are periodically requested to complete. To access reports located on the navigation bar above, or in the content below.</p> <p><b>TSHEMA NASH YOU ARE LOGGED IN TO: NARNIA</b></p> <p>To change awardee: Select awardee: <input type="text" value="Select"/> <input type="button" value="CHANGE AWARDEE"/></p>
<ul style="list-style-type: none"> <li>Click AFIX 2016: <a href="#">Online Tool</a></li> </ul>	<p><b>AFIX (ASSESSMENT, FEEDBACK, INCENTIVES, EXCHANGE) PROGRAM</b></p> <p>AFIX Online Site Visit Tool Website updated 2016 January....</p> <p>AFIX 2016: <a href="#">Online Tool</a>  AFIX 2016: <a href="#">Training Video</a>  AFIX 2016: <a href="#">Training Site</a>  AFIX 2016: <a href="#">User Guide</a></p> <p>AFIX Annual Report: CY 2014</p>
<ul style="list-style-type: none"> <li><b>RESULTS:</b> AFIX Awardee Dashboard, which serves as the AFIX Homepage</li> </ul>	


FIGURE 1: AFIX NAVIGATION

For help with SAMS, contact the SAMS Help Desk at the toll free number: 877-681-2901 or email [samshelp@cdc.gov](mailto:samshelp@cdc.gov).

For assistance with the AFIX Online Tool, please contact the AFIX Online Tool Help Desk (Akash Dongol) at the toll free number: 800-803-5212 or email [afixonline@cdc.gov](mailto:afixonline@cdc.gov).

## AFIX ONLINE TOOL

### Symbols and Data Save Options

- “” represents any additional information provided regarding the respective section. Simply hover over the symbol to reveal the information.
- “\*” indicates a required field. The user will not be able to advance to the next tab until fields marked with an asterisk are filled out.
- **SAVE**: clicking here will allow the user to save the data for later and remain on the page. It doesn’t check for page completeness or required fields.
- **SAVE AND QUIT**: Clicking here will save the user’s site visit data and exit the AFIX Online Tool. It doesn’t check for page completeness or required fields. The user will be logged out of the PAPA application.
- **SAVE AND CONTINUE**: Clicking here will save the data and move users to the next page. It only checks for page completeness if the user selects the acknowledgement box, described below. If the user selects the acknowledgement box, then clicking save and continue will check the completeness of a page. If required fields are missing, the user will be instructed to complete the missing field(s) or the data will not save using this button.
- **“I acknowledge that this page is complete, and all responses are final”**: Checking this box at the bottom of a page will finalize the data entered and lock the page. Once this box is checked and the user moves to the next tab, no changes can be made to this page unless the AFIX Coordinator unlocks the page with a code provided by CDC. Reach out to the AFIX Coordinator if the page needs to be unlocked.
- **Required Field Status: COMPLETE** : If the complete status is displayed on the page, then all required fields have been entered, validated, and the page is considered complete. In order for the entire site visit to be complete, and to show up in the aggregate reports, the user must ensure that each page status is marked as COMPLETE. The user must enter all required fields, check the acknowledge box that all responses are final and the page is complete, then click on **SAVE AND CONTINUE** to mark required field status as COMPLETE.
- **Required Field Status: IN-PROGRESS** : If the in-progress status is displayed on the page, then the page is either missing a required field or has not been validated for completeness.
- At the top of the AFIX Online Tool tab are five navigation options:

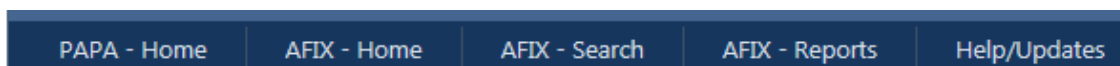


FIGURE 2: AFIX-NAVIGATION OPTIONS

- PAPA – Home**, navigates to the PAPA home page in Figure 4
- AFIX – Home**, navigates to the AFIX home page; the Awardee Dashboard
- AFIX – Search**, navigates to the Search page which provides the list of providers
- AFIX – Reports**, navigates to the Reports page
- Help / Updates**, navigates to this Online Tool User Guide and other resources. The CDC provides Online Tool updates, program updates, and reminders under this tab

## AFIX Awardee Dashboard

The AFIX Awardee Dashboard aggregates data from all of the site visits conducted by the Immunization Awardee during the year. The Awardee Dashboard has several capabilities, many of which have been enhanced for 2016, and additional details are covered in the first 14 minutes of the AFIX 2016: Training Video found on the PAPA page under AFIX Online Site Visit Tool.

### ASSESSMENT, FEEDBACK, INCENTIVES, EXCHANGE PROGRAM Online Reporting Tool

AWARDEE SUMMARY	
Total Providers:	527
Visits Planned for 2016:	0
Visits Completed in 2016:	0
# of Providers with Outstanding Feedback:	0
# of Providers with Outstanding Initial Exchange (Follow-up):	0
# of Providers with Outstanding Subsequent Exchange (Follow-up):	0



Table 1 – Total Number of Provider Sites Enrolled and Active in the VFC Program Eligible for AFIX Visits (as of July 31, 2015) and recommended Target:						
Public	C/MHC	Other Public	Total Public	Private	TOTAL (Public Private)	Target AFIX 25% Recommended
96	130	23	249	285	534	133

Table 2 – 2016 AFIX Visits – Proposed Number of AFIX Childhood Only Visits, AFIX Childhood/Adolescent Combined Visits, and AFIX Adolescent Only Visits by Provider Type:						
Type of AFIX Visits	AFIX Only Visits					
	Public	C/MHC	Other Public	Total Public	Private	TOTAL (Public Private)
Childhood Only	0	0	0	0	0	0
Childhood/Adolescent Combined	0	0	0	0	0	0
Adolescent Only	0	0	0	0	10	10
Total: Sum of 3 types	0	0	0	0	10	10

Type of AFIX Visits	VFC/AFIX Combined Visits					
	Public	C/MHC	Other Public	Total Public	Private	TOTAL (Public Private)
Childhood Only	0	0	0	0	0	0
Childhood/Adolescent Combined	0	0	0	0	0	0
Adolescent Only	24	33	6	63	72	135
Total: Sum of 3 types	24	33	6	63	72	135

Table 3 – Conducted AFIX only & AFIX/VFC combined Visits (2016):						
Type of AFIX Visits	AFIX+ VFC/AFIX Combined TOTALS					
	Public	C/MHC	Other Public	Total Public	Private	TOTAL (Public Private)
Childhood Only	0	0	0	0	0	0
Childhood/Adolescent Combined	0	0	0	0	0	0
Adolescent Only	0	0	0	0	0	0
Total: Sum of 3 types	0	0	0	0	0	0

FIGURE 3: AWARDEE DASHBOARD SECTION 1

The first section of the **Awardee Dashboard** is comprised of the **Awardee Summary** and the Awardee's tables seen in FIGURE 3 above:

- **Awardee Summary:** indicates the total number of:
  - Awardee providers
  - visits planned
  - visits completed
  - visits missing Feedback, Initial Exchange, or Subsequent Exchange
- **Table 1 – Total Number of Provider Sites Enrolled and Active in the VFC Program Eligible for AFIX Visits (as of July 31, 2015) and recommended Target**
  - Data pulled from eGrATIS
- **Table 2 – 2016 AFIX Visits – Proposed Number of AFIX Childhood Only Visits, AFIX Childhood/Adolescent Combined Visits, and AFIX Adolescent Only Visits by Provider Type**
  - Data pulled from eGrATIS
- **Table 3 – Conducted AFIX only and AFIX/VFC combined Visits (2016)**
  - This table provides the number of conducted visits and adjusts with each visit conducted.



FIGURE 4: AWARDEE DASHBOARD SECTION 2

The second section of the Awardee Dashboard is comprised of the Awardee's AFIX Coverage Rates and Comparison Chart, seen in FIGURE 4 above.

- The AFIX Coverage Rates are for the antigens required by CDC to be assessed. Some antigen names have been modified to use up-to-date (UTD). UTD will be used in reference to vaccine measurements where a variable number of doses can be applied to achieve protection depending on patient age, date of first dose, and/or vaccine product licensure nuances. The Awardee coverage rates are visually compared to the National rates and the HP2020 targets.
- Using the dropdown menus, the Comparison Charts provide users with the ability to graph either Initial Follow-up data between years or Assessment v. Initial follow-up data within a year.

TOP QI STRATEGIES		
TOP CHILDHOOD QI STRATEGIES ANSWERED "NO"		
Top Childhood QI Strategies Answered "No"	Awardee(%)	National(%)
<b>#1 QI Strategy Answered No</b>		
1: Do you inactivate patients in the IS who are no longer seen by your practice?	14	14
<b>#2 QI Strategy Answered No</b>		
2: Does your staff report immunizations previously administered to your patients by other providers to the IS (e.g. official shot record, other IS report, copy of medical record)?	10	10
2: Do you schedule the next vaccination visit before the patients/parents leave the office?	10	10
2: Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments?	10	10
<b>#3 QI Strategy Answered No</b>		
3: Do you contact patient/parents within 3-5 days when a "well-child" or "immunization only" visit is a "no show" and reschedule it for as soon as possible?	7	7
3: Is your immunization staff knowledgeable and comfortable with current ACIP recommendations, including minimum intervals, contraindications, etc.?	7	7
3: Do you have a reminder/recall process in place for pediatric patients?	7	7
3: Do you offer walk-in or immunization only visits?	7	7
3: Do you routinely measure your clinic's pediatric immunization coverage levels and share the results with your staff?	7	7
TOP ADOLESCENT QI STRATEGIES ANSWERED "NO"		
Top Adolescent QI Strategies Answered "No"	Awardee(%)	National(%)
<b>#1 QI Strategy Answered No</b>		
1: Does your staff report immunizations previously administered to your patients by other providers to the IS (e.g. official shot record, other IS report, copy of medical record)?	11	11
TOP 3 QI STRATEGIES		
TOP CHILDHOOD SELECTED QI STRATEGIES		
Top Childhood Selected QI Strategies	Awardee(%)	National(%)
<b>#1 Selected QI Strategy</b>		
1: Do you have a reminder/recall process in place for pediatric patients?	17	17
1: Do you contact patient/parents within 3-5 days when a "well-child" or "immunization only" visit is a "no show" and reschedule it for as soon as possible?	17	17
1: Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments?	17	17
<b>#2 Selected QI Strategy</b>		
2: Does your staff report all immunizations you administer at your practice to your state / city IS?	8	8
2: Does your staff report immunizations previously administered to your patients by other providers to the IS (e.g. official shot record, other IS report, copy of medical record)?	8	8
2: Do you inactivate patients in the IS who are no longer seen by your practice?	8	8
2: Do you use your IS to determine which immunizations are due for each patient at every visit?	8	8
2: Is your immunization staff knowledgeable and comfortable with current ACIP recommendations, including minimum intervals, contraindications, etc.?	8	8
2: Do you offer walk-in or immunization only visits?	8	8
<b>#3 Selected QI Strategy</b>		
TOP ADOLESCENT SELECTED QI STRATEGIES		
Top Adolescent Selected QI Strategies	Awardee(%)	National(%)
<b>#1 Selected QI Strategy</b>		
1: Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit?	18	18

FIGURE 5: AWARDEE DASHBOARD SECTION 3

The third section provides the top childhood and adolescent strategies answered "No." If more than one strategy is tied for a place, all tied strategies will be listed under the respective ranking, e.g. if there are two strategies tied for second place, both strategies will be labeled 2. This section also shows the top selected childhood and adolescent strategies, displayed as a percentage of all visits conducted by the Awardee.

RECENT AFIX VISITS/VISIT SEARCH

Search

Assessment Date:

From:

To:

Calendar Year:

Select year▼

Region:

Select Region▼

Zip Code:

(Link: Search of 5 digit ZIP Code)

SEARCH

RESET

Advanced Search

Recent AFIX Visits

Clinic/Practice	PIN	Reviewer Name	Assessment Date	Feedback Date	Initial Exchange Date	Initial Exchange Due	Initial Exchange Complete	Subsequent Exchange Date	# of Subsequent Exchanges	Site Visit Complete
Aslan's Lair	NA 123099	Sarada Doddi	1/29/2016	2/9/2016	7/21/2016	8/9/2016	Yes	10/12/2016	1	Yes
001 Test Practice	001TP		1/27/2016	1/29/2016	7/5/2016	7/29/2016	Yes	11/16/2016	1	Yes
001 Test Practice	001TP	Sarada Doddi	1/15/2016	1/29/2016	3/31/2016	7/29/2016	Yes	4/20/2016	1	No
001 Test Practice	001TP	Hanan Awwad	1/6/2016	1/23/2016	6/14/2016	7/23/2016	Yes	10/18/2016	1	Yes
1234	123	Sarada Doddi	1/4/2016				No		0	No
CDC Public health	GA4545	Jessica Porch	1/4/2016	1/4/2016	7/7/2016	7/4/2016	Yes	10/18/2016	1	Yes
001 Test Practice	001TP	Sarada Doddi	1/1/2016		3/31/2016		No	6/6/2016,9/30/2016	2	No



**Reports: Search Criteria**

**Instructions:** Below is a list of criteria you can use to filter this report for only the information you need. Click on each Search Criteria category to narrow your search. Clicking "Generate Report" without selecting any criteria will return all records associated with the report

**Awardee Dashboard: Overview of AFIX Site Visits for Awardee**

**Report Search Criteria**

ASSESSMENT DATE

FEEDBACK(VISIT) DATE

REVIEWER

PROVIDER LOCATION

EXCHANGE DATE

GENERATE REPORT

**Selected Criteria**

Visit / Contact Date:

Feedback(Visit) Date:

Reviewer:

Provider Location:

Exchange Date:

CLEAR CRITERIA

GENERATE REPORT

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A Tel: (404) 639-3311 / Public Inquiries: (404) 639-3534 / (800) 311-3435

FIGURE 7: AWARDEE DASHBOARD REPORTS, SEARCH CRITERIA

If more in depth filtering is needed, **Advanced Search** under the Search button will take the user to **Reports: Search Criteria** to generate reports of visits based on multiple filters, seen above. The criteria selected in **Report Search Criteria** will auto populate in Selected Criteria.

Report Date:	1/8/2016
Search Criteria:	AFIX Visit Date: 1/1/2016 to 12/30/2016

**PROVIDER DASHBOARD: OVERVIEW OF AFIX SITE VISITS FOR PROVIDER**

Export to Excel

PIN	Clinic/Practice	City	Zip	County	Region	Provider Type	Provider Status	Assessment Date	Feedback Date	Initial Exchange Date	Initial Exchange Due	Initial Exchange Complete	Subsequent Exchange Date	# of Subsequent Exchanges	Site Visit Complete
NA 123099	Asian's Lair	Narnia	11100	LionCountry	Unassigned	Pharmacy	Enrolled	1/28/2016	2/9/2016	7/21/2016	7/28/2016	Yes	10/12/2016	1	Yes
001TP	001 Test Practice	Atlanta	30303		Unassigned	Private	Enrolled	1/27/2016	1/29/2016	7/5/2016	7/27/2016	Yes	11/16/2016	1	Yes
001TP	001 Test Practice	Atlanta	30303		Unassigned	Private	Enrolled	1/15/2016	1/29/2016	3/31/2016	7/15/2016	No	4/20/2016	1	No
001TP	001 Test Practice	Atlanta	30303		Unassigned	Private	Enrolled	1/6/2016	1/23/2016	6/14/2016	7/6/2016	Yes	10/18/2016	1	Yes
123	1234	Atlanta	30033			Mass Vaccinator	Enrolled	1/4/2016			7/4/2016	No		0	No
GA4545	CDC Public health	Atlanta	30329		Unassigned	Public	Enrolled	1/4/2016	1/4/2016	7/7/2016	7/4/2016	Yes	10/18/2016	1	Yes
001TP	001 Test Practice	Atlanta	30303		Unassigned	Private	Enrolled	1/1/2016		3/31/2016	7/1/2016	No	9/30/2016	2	No

FIGURE 8: AWARDEE DASHBOARD SEARCH CRITERIA, REPORT RESULTS

Once the desired criteria is selected, clicking **Generate Report** will create a list of all visits that fit the chosen criteria, which can then be exported to Excel for data analysis and other uses. In the example above, the search criteria used was the visit date interval between 1/1/2016 and 12/20/2016. All visits fitting the given criteria are then listed.

RECENT AFIX VISITS/VISIT SEARCH

Search

Assessment Date:  
From:  To:

Calendar Year:  
Select year

Region:  
Select Region

Zip Code:  
 (LIKE search of 5 digit ZIP Code)

SEARCH

RESET

Advanced Search

Recent AFIX Visits

Clinic/Practice	PIN	Reviewer Name	Assessment Date	Feedback Date	Initial Exchange Date	Initial Exchange Due	Initial Exchange Complete	Subsequent Exchange Date	# of Subsequent Exchanges	Site Visit Complete
Aslan's Lair	NA 123099	Sarada Doddi	1/28/2016	2/9/2016	7/21/2016	8/9/2016	Yes	10/12/2016	1	Yes
001 Test Practice	001TP		1/27/2016	1/29/2016	7/5/2016	7/29/2016	Yes	11/16/2016	1	Yes
001 Test Practice	001TP	Sarada Doddi	1/15/2016	1/29/2016	3/31/2016	7/29/2016	Yes	4/20/2016	1	No
001 Test Practice	001TP	Hanan Awwad	1/6/2016	1/23/2016	6/14/2016	7/23/2016	Yes	10/18/2016	1	Yes
1234	123	Sarada Doddi	1/4/2016				No		0	No
CDC Public health	GA4545	Jessica Porch	1/4/2016	1/4/2016	7/7/2016	7/4/2016	Yes	10/18/2016	1	Yes
001 Test Practice	001TP	Sarada Doddi	1/1/2016		3/31/2016		No	6/6/2016,9/30/2016	2	No

FIGURE 9: AWARDEE DASHBOARD RECENT AFIX VISITS/VISIT SEARCH TABLE

Back on the Awardee Dashboard, Recent AFIX Visits/Visit Search, clicking the:

- Date under **Assessment Date** column will navigate to that visit's data
- **Clinic/Practice** or **PIN** will navigate to the Provider Dashboard

## AFIX Provider Dashboard

The Provider Dashboard displays data for the most recent site visit conducted for a provider for the current year. Users can review coverage rates and charts, selected strategies, and begin a new site visit for that provider.

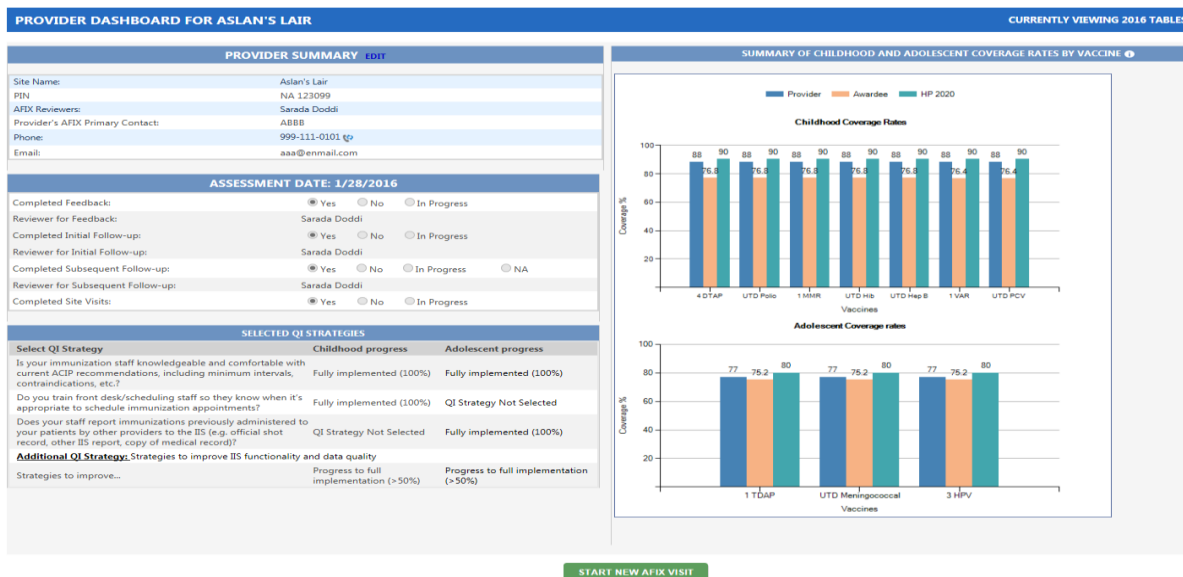


FIGURE 10: PROVIDER DASHBOARD SECTION 1

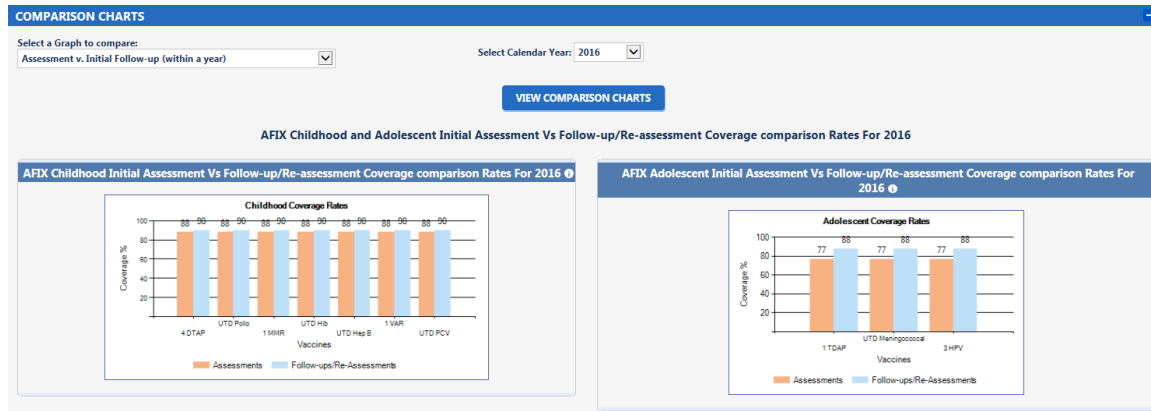
The first section of the **Provider Dashboard** displays the provider information, the progress of the parts of the visit, the selected QI strategies, and the childhood and/or adolescent coverage rates.

- **Provider Summary:** auto-populates the site name, PIN number, the reviewers who conducted a visit to this provider, the provider’s AFIX contact name, phone, and email in the database. Clicking “edit” will take the user to a page where information for the provider can be updated. More details on updating provider information can be found below.
- **Assessment Date:** provides the latest assessment date along with a breakdown and completion progress of the different parts of the site visit.
- **Selected QI Strategies:** implementation progress of the strategies selected for implementation.
- **Childhood/Adolescent Coverage rates:** coverage rates for the antigens required by CDC. Some antigen names have been modified to use up-to-date (UTD). UTD will be used in reference to vaccine measurements where a variable number of doses can be applied to achieve protection depending on patient age, date of first dose, and/or vaccine product licensure nuances. The provider’s rates are visually compared to the Awardee coverage rates and the HP202 targets.

Provider Information	
Provider Name:	Asian's Lair
Provider PIN:	NA 123099
VFC Provider Type:	<input type="radio"/> Public facility <input type="radio"/> Mass Vaccinator <input type="radio"/> Private facility <input checked="" type="radio"/> Pharmacy
Public Provider Details:	<input type="radio"/> Public health department/clinic <input type="radio"/> Other public <input type="radio"/> C/MHC
<b>Provider Address:</b> Street Address 1: 1 King of the land way Street Address 2: City: Namia State: Palau Zip code: 11100 Phone: 999-111-0101      Fax:	
<b>PEAR Contact Information:</b> Vaccine Manager: ABBB      Email: asaa@ermail.com Secondary Contact: kaksalsalm      Email: kaksalsalm@ermail.com	
<b>Provider AFIX Contact Information:</b> Primary Contact: Tsherna Nash      Email: yld5@cdc.gov Secondary Contact: Hanan Awwad      Email: wgn5@cdc.gov	
<b>Type of medical records the provider uses:</b> Electronic(type): Paper:	
<b>Method of reporting to the IIS:</b>	
<div style="text-align: right;"> <small>* Indicates field is required</small>  <input type="button" value="SAVE"/> <input type="button" value="CANCEL"/> </div>	

**FIGURE 11: PROVIDER DASHBOARD, EDITING PROVIDER INFORMATION**

Clicking “edit” next to the Provider Summary will allow the user to edit all Provider information as seen above. Users will not have the ability to add or remove a VFC Provider using the AFIX Online Tool, all additions and deletions need to happen in the VFC Online System (PEAR). After editing and saving the provider information, the user can either begin a new site visit for that provider, return to the Provider Dashboard, or go to the AFIX-Search page.



**FIGURE 12: PROVIDER DASHBOARD SECTION 2**

The second section of the **Provider Dashboard** contains the comparison charts. With the provider's coverage rate information, the user can graph Initial Follow-up data between years and/or Assessment v. Initial Follow-up data within a year, using the dropdown menus.

**RECENT AFIX VISITS/VISIT SEARCH**

Search

Assessment Date: From:  To:  Calendar Year: Select year ▼

**SEARCH** **RESET** [Advanced Search](#)

**Recent AFIX Visits for Aslan's Lair**

Reviewer Name	Assessment Date	Feedback Date	Initial Exchange Date	Initial Exchange Due	Initial Exchange Complete	Subsequent Exchange Date	# of Subsequent Exchanges	Site Visit Complete
Sarada Doddli	1/28/2016	2/9/2016	7/21/2016	8/9/2016	Yes	10/12/2016	1	Yes

**FIGURE 13: PROVIDER DASHBOARD SECTION 3**

The third, and last, section of the **Provider Dashboard** lists all of the visits conducted with the provider, broken down by the different parts of a visit. Each column can be sorted by clicking on the column title. Users can also filter using **Assessment Date** ranges or **Calendar Year** in the **Search** section above the table.

**Reports: Search Criteria**

**Instructions:** Below is a list of criteria you can use to filter this report for only the information you need. Click on each Search Criteria category to narrow your search. Clicking "Generate Report" without selecting any criteria will return all records associated with the report

Awardee Dashboard: Overview of AFIX Site Visits for Awardee

**Report Search Criteria**

ASSESSMENT DATE

FEEDBACK(VISIT) DATE

REVIEWER

PROVIDER LOCATION

EXCHANGE DATE

GENERATE REPORT

**Selected Criteria**

Visit / Contact Date:

Feedback(Visit) Date:

Reviewer:

Provider Location:

Exchange Date:

CLEAR CRITERIA

GENERATE REPORT

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A Tel: (404) 639-3311 / Public Inquiries: (404) 639-3534 / (800) 311-3435

FIGURE 14: PROVIDER DASHBOARD REPORTS, SEARCH CRITERIA

If more in depth filtering is needed, **Advanced Search** under the **Search** button will take the user to **Reports: Search Criteria** to generate reports of visits based on multiple filters, seen above. The criteria selected in **Reports Search Criteria** will auto populate under **Selected Criteria**.

Report Date:	1/8/2016
Search Criteria:	AFIX Visit Date: 1/1/2016 to 12/30/2016

**PROVIDER DASHBOARD: OVERVIEW OF AFIX SITE VISITS FOR PROVIDER**

[Export to Excel](#)

PIN	Clinic/Practice	City	Zip	County	Region	Provider Type	Provider Status	Assessment Date	Feedback Date	Initial Exchange Date	Initial Exchange Due	Initial Exchange Complete	Subsequent Exchange Date	# of Subsequent Exchanges	Site Visit Complete
NA 123099	Asian's Lair	Namria	11100	LionCountry	Unassigned	Pharmacy	Enrolled	1/28/2016	2/9/2016	7/21/2016	7/28/2016	Yes	10/12/2016	1	Yes
001TP	001 Test Practice	Atlanta	30303		Unassigned	Private	Enrolled	1/27/2016	1/29/2016	7/5/2016	7/27/2016	Yes	11/16/2016	1	Yes
001TP	001 Test Practice	Atlanta	30303		Unassigned	Private	Enrolled	1/15/2016	1/29/2016	3/31/2016	7/15/2016	No	4/20/2016	1	No
001TP	001 Test Practice	Atlanta	30303		Unassigned	Private	Enrolled	1/6/2016	1/23/2016	6/14/2016	7/6/2016	Yes	10/18/2016	1	Yes
123	1234	Atlanta	30033			Mass Vaccinator	Enrolled	1/4/2016			7/4/2016	No		0	No
GA4545	CDC Public health	Atlanta	30329		Unassigned	Public	Enrolled	1/4/2016	1/4/2016	7/7/2016	7/4/2016	Yes	10/18/2016	1	Yes
001TP	001 Test Practice	Atlanta	30303		Unassigned	Private	Enrolled	1/1/2016		3/31/2016	7/1/2016	No	9/30/2016	2	No

FIGURE 15: PROVIDER DASHBOARD SEARCH CRITERIA, REPORTS RESULTS

Once the desired criteria is selected, clicking **Generate Report** will create a list of all visits that fit the chosen criteria, which can then be exported to Excel. In the example shown in FIGURE 15 above, the search criteria used was the visit date interval between 1/1/2016 and 12/20/2016. All visits fitting the given criteria are then listed.

RECENT AFIX VISITS/VISIT SEARCH								
Search								
Assessment Date:			Calendar Year:					
From:		To:		Select year		SEARCH	RESET	Advanced Search
Recent AFIX Visits for Aslan's Lair								
Reviewer Name	Assessment Date	Feedback Date	Initial Exchange Date	Initial Exchange Due	Initial Exchange Complete	Subsequent Exchange Date	# of Subsequent Exchanges	Site Visit Complete
Sarada Doddi	2/10/2016	2/18/2016		8/18/2016	No		0	No
Sarada Doddi	1/28/2016	2/9/2016	7/21/2016	8/9/2016	Yes	10/12/2016	1	Yes

FIGURE 16: PROVIDER DASHBOARD RECENT AFIX VISITS/VISIT SEARCH

Back on the **Provider Dashboard, Recent AFIX Visits/Visit Search**, clicking the:

- Date under **Assessment Date** column will navigate to the information from that visit.

## STARTING A SITE VISIT

A site visit can be started for a provider using any of the following options:

- 1) The **AFIX-Search** Tab

CENTERS FOR DISEASE CONTROL AND PREVENTION • NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES					Welcome Hanan Awwad Exit/Logout
PROGRAM ANNUAL REPORT AND PROGRESS ASSESSMENTS					
PAPA - Home	AFIX - Home	AFIX - Search	AFIX - Reports	Help/Updates	

FIGURE 17: AFIX SEARCH TAB, NEW VISIT

- 2) The **Provider Information** edit page

\* Indicates field is required

SAVE CANCEL

START NEW SITE VISIT RETURN TO DASHBOARD RETURN TO SEARCH

FIGURE 18: PROVIDER INFORMATION, NEW VISIT

- 3) The **Provider Dashboard**

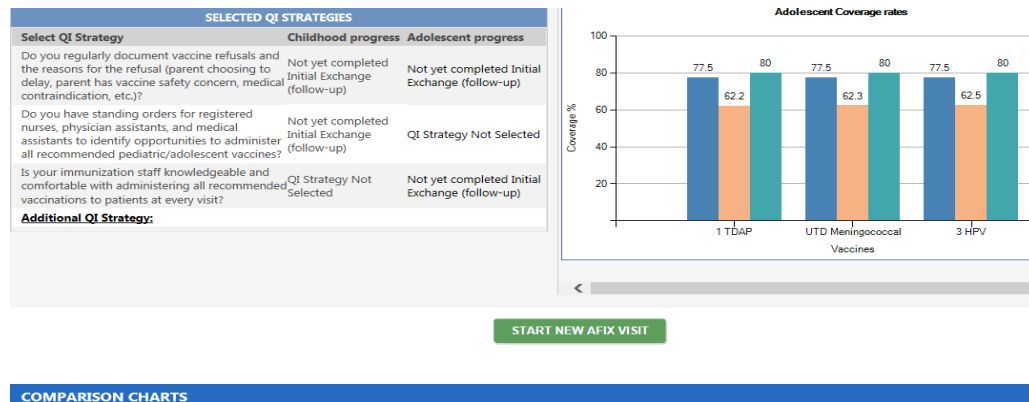


FIGURE 19: PROVIDER DASHBOARD, NEW VISIT

## General Site Visit Information

The **General Site Visit Information** tab collects the basic information for the AFIX site visit.

AFIX SITE VISIT TOOL		VIC PIN:	NA 123099 Assessment date: 2/10/2016 # Age eligible
Provider name: Assessment name: Age assessed: Antigen:	Adans Labr Adans Labr 2/10/2016 <b>Childhood: Adolescent</b> 0-3 Years: 1d DTAP, UTD Polio, 1 MMR, UTD Hib, 1 VAR, UTD PCV, UTD RV, 1 Influenza, 2 Hep A/E 12-18 Years: UTD HepB, 2 MMR, 2 VAR, 1 Tdap, UTD Meningococcal, 3 HPV, 2 IPV, 1 HPV, 1 Influenza, 2 Hep A, UTD Polio		
General Site Visit Info   Questionnaire   Assessment Results   Feedback   Initial Exchange   Subsequent Exchange - Disabled   Summary   Files   Notes			
<b>GENERAL SITE VISIT INFORMATION</b>			
Required Field Status: <a href="#">Comments</a>			
* INDICATES A REQUIRED FIELD.			
Provider name:	Adans Labr		
Provider type:	Pharmacy site		
VIC Pin #:	NA 123099		
Site reviewer: Choose reviewer:	First name: <input type="text"/> Last name: <input type="text"/>		
	What is your education level? <input type="text"/> M.D., D.O. or equivalent <input type="button" value="Go"/>		
	Email: <input type="text"/> Phone: <input type="text"/> Extension: <input type="text"/>		
Assessment date:	2/10/2016		
Assessment name:	AGERS LAB_2/10/2016		
Assessment questionnaire:	<input checked="" type="radio"/> Childhood <input checked="" type="radio"/> Adolescent <input type="radio"/> Both <input type="radio"/> Questionnaire not used for this site visit		
Assessment age cohort	<input checked="" type="checkbox"/> 0 to 3 years <input type="checkbox"/> 11 to 18 years		
Antigens:	0-3 Years: 1d DTAP, UTD Polio, 1 MMR, UTD Hib, UTD HepB, 1 VAR, UTD PCV, UTD RV, 1 Influenza, 2 Hep A/E 12-18 Years: UTD HepB, 2 MMR, 2 VAR, 1 Tdap, UTD Meningococcal, 3 HPV, 2 IPV, 1 HPV, 1 Influenza, 2 Hep A, UTD Polio		
Number of age eligible (children/adolescents) in practice	Childhood (0-3): <input type="text"/> Adolescent (13-18): <input type="text"/>		
Number of age eligible (children/adolescents) assessed in practice	Childhood (0-3): <input type="text"/> Adolescent (13-18): <input type="text"/>		
Ages assessed:	Childhood: <input type="text"/> Adolescent: <input type="text"/>		
Date of previous/most recent AFIX site visit:	If age assessed differs from the Assessment Age Cohort, please specify the ages assessed in months and/or years. 1/20/2016		
The previous AFIX risk 4.9.3.3.3.3.4 Percent	Childhood: <input type="text"/>		
Note a full AFIX Percent	Adolescent: 1 Tdap: <input type="text"/> 1 MCV: <input type="text"/> 1 IPV: <input type="text"/> 1 HPV: <input type="text"/> 2 VAR: <input type="text"/> 2 MMR: <input type="text"/> 3 HepB: <input type="text"/> 1 Flu: <input type="text"/>		
AFIX risk:	<input checked="" type="radio"/> Separate <input type="radio"/> Combined		
Type of VIC visit conducted:	<input type="checkbox"/> Compliance <input type="checkbox"/> Unannounced		
Not a full AFIX:	<input type="checkbox"/> Not a Full AFIX If you are conducting a partial AFIX visit (not a full AFIX), please tick the checkbox. You will be able to record the partial AFIX visit for your program's record. Any visit marked as "Not a Full AFIX" will not count as part of your annual AFIX data. This category is only relevant for programs that conduct a full AFIX for a portion of their practices and a partial AFIX for a second portion.		
AFIX Assessment method used:	<input checked="" type="checkbox"/> Immunization Information Systems (IS) - Standard <input type="checkbox"/> CIE and Chart data (short pull to confirm registry data)		
AFIX Assessment tool or combination of tools used:	<input checked="" type="checkbox"/> Immunization Information System (IS) only (CICAISA not used) <input type="checkbox"/> CIE combined with CICAISA <input type="checkbox"/> IS data loaded into CICAISA		
Acknowledgement:			
I acknowledge that this page is complete, and all responses are true I acknowledge that this page is complete, and all responses are true			

### FIGURE 20: GENERAL SITE VISIT INFORMATION

## General Site Visit Table of Field Names

The following table details the Field Names of the General Site Visit Information page:

FIELD NAME	ANSWER / TIP
Site reviewer	Click on the <b>Choose reviewer</b> dropdown menu to select a reviewer from the existing list or enter a new reviewer. Include the reviewer's education level, email, workplace/location, and phone number.
Assessment date	Enter the date of your assessment which is the date. A calendar will pop-up for you to select the date.
Assessment name	A default name will be provided. The name will be comprised of the provider name and the assessment date. The user has the option to change the Assessment name in this free text box.

FIELD NAME	ANSWER / TIP
<b>Assessment questionnaire</b>	Based on the visit details, select the appropriate age cohort. If conducting a childhood assessment, select <b>Childhood Assessment Questionnaire</b> ; if conducting an adolescent assessment, select the <b>Adolescent Assessment Questionnaire</b> ; if conducting a combined (childhood/adolescent) assessment, select <b>Both</b> ; if the questionnaire was not used, select <b>Questionnaire not used for this site visit</b> .
<b>Assessment age cohort</b>	Choose the patient age cohort for the site visit. If conducting a childhood assessment, select 0-3 years; if conducting an adolescent assessment, select 13-18 years; if conducting a combined (childhood/adolescent) assessment, select both 0-3 years and 13-18 years.
<b>Antigens</b>	Antigens are auto populated based on the Assessment Age Cohort selected. Some antigen names have been modified to use up-to-date (UTD). UTD will be used in reference to vaccine measurements where a variable number of doses can be applied to achieve protection depending on patient age, date of first dose, and/or vaccine product licensure nuances.
<b>Number of age eligible (children/adolescents) in practice</b>	Enter the total number of age-eligible children and/or adolescents that belong to the practice.
<b>Number of age eligible (children/adolescents) assessed in practice</b>	Enter the number of age-eligible children and/or adolescents <u>assessed in the practice for the visit</u> . If using IIS, all eligible children and/or adolescents should be assessed.
<b>Ages assessed</b>	Specify if age assessed is different than the standard 0-3 or 13-18 years as of the Assessment date.
<b>Date of previous/most recent AFIX site visit</b>	The date of the previous/most recent AFIX site visit will be auto populated based on the information in our database. Enter the previous/most recent FIX site visit date if no date auto populates, but there was a previous visit.
<b>The previous AFIX visit 4:3:1:3:3:1:4 Percent</b>	The previous 4:3:1:3:3:1:4 coverage will be auto populated based on the information in our database. Enter the previous AFIX visit's 4:3:1:3:3:1:4 percent, if no percent auto populates, but the percent coverage from visits started since January 2014 should be available in the database.



<b>FIELD NAME</b>	<b>ANSWER / TIP</b>
<b>The previous AFIX visit Percent</b>	The previous adolescent coverage will be auto populated based on the information in our database. Enter the previous AFIX visit adolescent percentages, if no percent auto populates, but the percent coverage from visits started since January 2014 should be available in the database.
<b>AFIX visit</b>	Choose Combined if the site visit is completed in conjunction with a VFC site visit. Otherwise, choose Separate.
<b>Type of VFC visit conducted</b>	If the AFIX visit is combined with a VFC site visit, indicate if the VFC site visit is a Compliance or Unannounced visit.
<b>Not a full AFIX</b>	Click this box if you're conducting a partial AFIX visit only. Any partial visits will not be counted in the Annual Report. These visits will also not show up in any AFIX Management Reports.
<b>AFIX Assessment method used</b>	IIS is the new AFIX standard method, however, if patient charts are reviewed to confirm the accuracy and completeness of IIS data then select the IIS and Chart data option.
<b>AFIX Assessment tool or combination of tools used</b>	If you use IIS only to run provider coverage rates, select IIS only. If you export IIS data into CoCASA to generate provider coverage rates, select IIS combined with CoCASA.

**FIGURE 21: AFIX GENERAL SITE VISIT FIELD NAMES**

### **AFIX Site Visit Questionnaire**

Utilizing the AFIX Site Visit Questionnaire is a CDC requirement for every conducted AFIX visit. It is used to assess the immunization practices at a provider office and identify QI immunization practices the provider will work to implement before the initial exchange.

General Site Visit Info
Questionnaire
Assessment Results
Feedback
Initial Exchange
Subsequent Exchange - Disabled
Summary
Files
Notes

### AFIX SITE VISIT QUESTIONNAIRE

Required Field Status: IN-PROGRESS

\* INDICATES A REQUIRED FIELD. ALL QUESTIONNAIRE RADIO BUTTON QUESTIONS MUST BE ANSWERED, OR YOU MAY OPT-OUT ON THE GENERAL SITE VISIT INFORMATION PAGE.

The questionnaire may be filled out prior to or during the AFIX visit. The reviewer, along with the provider, is to select 2-3 strategies to incorporate into the QI plan for implementation and follow up. A Non-Standard strategy can be chosen to implement in addition to the 2-3 QI strategies providers are required to select for implementation. The Non-Standard strategy must be covered by one of the categories in the drop down menu and it will not be counted as one of the 2-3 selected QI strategies.

All questions are YES, NO, or N/A answers according to the behaviors CURRENT at this provider. Any answers of N/A will require an explanation.

Strategies to improve the quality of immunization services		Childhood	Selected QI	Adolescent	Selected QI
1.	Do you have a reminder/recall process in place for pediatric/adolescent patients?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>
2.	Do you offer walk-in or immunization only visits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>
3.	Do you routinely measure your clinic's pediatric/adolescent immunization coverage levels and share the results with your staff?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>
4.	Do you schedule the next vaccination visit before the patients/parents leave the office?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>
5.	Do you contact patient/parents within 3-5 days when a "well-child" or "immunization only" visit is a "no show" and reschedule it for as soon as possible?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>
6.	Do you have a system in place to schedule wellness visits for patients at 11-12 years of age?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>
7.	Do you have an immunization champion at this practice that focuses on QI measures, reducing barriers and improving coverage levels?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>
8.	Do you regularly document vaccine refusals and the reasons for the refusal (parent choosing to delay, parent has vaccine safety concern, medical contraindication, etc.)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>

Strategies to decrease missed opportunities		Childhood	Selected QI	Adolescent	Selected QI
1.	Does your immunization staff educate parents about immunizations and the diseases they prevent, even when the parents refuse to immunize?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>
2.	Do you have immunization information resources to help answer questions from patients/parents?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>

FIGURE 22: AFIX SITE VISIT QUESTIONNAIRE

YES, NO, or N/A answers are required for each of the AFIX Site Visit Questionnaire questions and 2-3 QI strategies must be selected for implementation during every AFIX visit. The questionnaire uses the same questions for childhood and adolescent assessments with the exception of question #6, which applies to adolescent visits only. For any strategy selected for implementation, a list of suggested action steps will unroll below the question. With the provider staff, select the steps to be put in place to implement the selected strategy.

Strategies to improve the quality of immunization services		Childhood	Selected QI	Adolescent	Selected QI
1.	Do you have a reminder/recall process in place for pediatric/adolescent patients?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>
2.	Do you offer walk-in or immunization only visits?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>
3.	Do you routinely measure your clinic's pediatric/adolescent immunization coverage levels and share the results with your staff?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="checkbox"/>

HIDE QI STEPS

☐ Designate a point person for measuring coverage levels and tracking progress.
☐ Develop a protocol for sharing data and disseminating results.
☐ Present data during team meetings according to a schedule decided by the clinic.
☐ Discuss results and determine ways to improve coverage.
☐ Develop a plan to enhance your clinic's immunization services to improve and sustain vaccination rates.
☐ Share coverage rates with clinic staff, discuss results and evaluate progress.

FIGURE 23: AFIX SITE VISIT QUESTIONNAIRE, QI SUGGESTION ACTION STEPS

Each strategy has respective action steps suggested for implementation by CDC. When a strategy is selected for implementation, the suggested action steps will roll out underneath the strategy, as seen above.

Strategies to improve IIS functionality and data quality

1. Does your staff report all immunizations you administer at your practice to your state / city IIS? ☐ Yes ☐ No ☒ N/A ☐

Please enter reason if not applicable:

Reason for strategy not being applicable to the provider

FIGURE 24: AFIX SITE VISIT QUESTIONNAIRE, NOT APPLICABLE ANSWER OPTION

Select the N/A option for any strategy not considered applicable to the provider. The reason why the strategy is considered not applicable to the provider is required.

Non-Standard QI Strategy

1. [Remove Additional QI Strategy](#) ☐ Yes ☐ No ☐ N/A ☐

[Select an option](#)

- Strategies to improve the quality of immunization services
- Strategies to decrease missed opportunities
- Strategies to improve IIS functionality and data quality

[ADD ADDITIONAL QI STRATEGY](#)

[SAVE](#) [SAVE AND QUIT](#)

PLEASE SAVE CHANGES TO UPDATE THE QI ACTION PLAN

FIGURE 25: AFIX SITE VISIT QUESTIONNAIRE, NON-STANDARD QI STRATEGY

Users have the option to add a strategy not found in the Questionnaire, a **Non-Standard QI Strategy**. Non-Standard QI Strategies are chosen in addition to the 2-3 QI Strategies required for implementation – the Non-Standard QI Strategy does not take the place of one of the 2-3 required strategies from the Questionnaire. The Non-Standard Strategy must fall under one of three categories shown above.

Once the Questionnaire has been completed, click **SAVE** to auto populate the answers in the **Quality Improvement Action Plan** (QI Action Plan).

## Quality Improvement Action Plan



### Strategies to Increase the Quality of Immunization Services

Quality Improvement Strategy	Standard Action Steps	Additional Action Steps	Planned Initial eXchange [Follow-up] Date	Additional Resources
8 Do you regularly document vaccine refusals and the reasons for the refusal (parent choosing to delay, parent has vaccine safety concern, medical contraindication, etc.)?	<ul style="list-style-type: none"> <li>Ensure that your practice documents vaccine refusals in IIS or in patient charts using the standard categories of refusals: religious, philosophical, medical, safety concerns, other.</li> <li>Create standards and processes to ensure that your staff documents this information. Make sure this information is readily available for AFIX visits and other QI interventions.</li> <li>Discuss your practice's generated trends in vaccine refusals and seek opportunities and resources aimed at addressing these refusals and providing scientific literature.</li> </ul>			Immunization Action Coalition Documenting Vaccinations <a href="http://www.immunize.org/chico/documenting-vaccination.asp">http://www.immunize.org/chico/documenting-vaccination.asp</a>

### Strategies to Decrease Missed Opportunities

Quality Improvement Strategy	Standard Action Steps	Additional Action Steps	Planned Initial eXchange [Follow-up] Date	Additional Resources
5 Do you have standing orders for registered nurses, physician assistants, and medical assistants to identify opportunities to administer all recommended pediatric/adolescent vaccines?	<ul style="list-style-type: none"> <li>Develop a standing order in compliance with state law for nurses, physician assistants and other healthcare personnel to administer vaccinations.</li> <li>Designate an immunization champion to lead and organize immunization-only/walk-in visits.</li> <li>Offer immunization-only or nurse-only visits.</li> </ul>			Immunization Action Coalition Standing Orders for Administering Vaccines <a href="http://www.immunize.org/standing-orders/">http://www.immunize.org/standing-orders/</a>
6 Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit?	<ul style="list-style-type: none"> <li>Designate a point person to lead educational quality improvement initiatives.</li> <li>Develop role play scenarios to provide additional feedback.</li> <li>Provide strong, concise and assertive recommendations for delivering vaccines during a visit, such as: "Your child needs three shots today: meningitis, HPV, and Tdap."</li> <li>Train staff on ACIP recommendations, minimal intervals and contraindications.</li> <li>Create a pre- and post-test to assess knowledge.</li> <li>Evaluate staff during immunization visits to provide additional feedback.</li> </ul>			Provider Resources for Vaccine Conversations with Parents <a href="http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/index.html">http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/index.html</a> Standing Orders for Administering Vaccines <a href="http://www.cdc.gov/vaccines/hcp/standards-for-hcp-4p/4p-hcp-4p.pdf">http://www.cdc.gov/vaccines/hcp/standards-for-hcp-4p/4p-hcp-4p.pdf</a> ACIP Vaccine Recommendations <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/index.html">http://www.cdc.gov/vaccines/hcp/acip-recs/index.html</a> Vaccine Information Statements <a href="http://www.cdc.gov/vaccines/hcp/vis/index.html">http://www.cdc.gov/vaccines/hcp/vis/index.html</a>

Please choose one of the following: -

- ☐ Awardee staff will conduct an AFIX eXchange (follow-up) in person at the practice.  
☐ Awardee staff will conduct an AFIX eXchange (follow-up) by a phone call to the practice.  
☐ Awardee staff will conduct an AFIX eXchange (follow-up) by sending mail, e-mail, or fax to the practice.

AFIX Reviewer Signature:

Provider Staff Signature:

Please enter planned Follow-up date: -

FIGURE 26: QI ACTION PLAN

Each selected QI strategy will be displayed in the QI Action Plan, along with the selected suggested action steps from the Questionnaire. In addition to the strategy and action steps, users are able to add any additional action steps not covered by the suggested steps as well as the **Planned Initial Exchange Date**. CDC has provided resources for each QI strategy for additional information.

At the bottom of the QI Action Plan, the method of communication for the initial exchange is required and the AFIX Reviewer and Provider Staff signatures are needed along with the date for the Planned Initial Exchange [Follow up] Date. As this date overrides the individual Selected QI Strategy dates, this date can be used to populate all of the selected QI strategies' Planned Initial Exchange [Follow-up] dates.

## About the AFIX Site Visit Questionnaire: Frequently Asked Questions

**QUESTION:** I'm missing the Childhood or Adolescent column for a YES or NO radio button. What could be an explanation?

**ANSWER:** The displayed questionnaire columns depends on the selected age cohort indicated in the **General Site Visit Information** page, e.g., if Childhood was selected, then only columns for Childhood will be shown in the **Site Visit Questionnaire**.

**QUESTION:** What do I do if the **Site Visit Questionnaire** is not used?

**ANSWER:** If you don't use the **Site Visit Questionnaire** for a visit, set the Assessment questionnaire answer in the General Site Visit Information page to **Questionnaire not used for this site visit**. The system will require you to provide the reason/s for not using the questionnaire.

## Assessment Results

The **Assessment Outcome Measure** percentages are generated during the Assessment.

### ASSESSMENT RESULTS (COVERAGE RATES AND MISSED OPPORTUNITIES)

Required Field Status: **IN-PROGRESS**

Assessment Outcome Measures	
Childhood coverage level results (single antigens (0-3 years))	
4 DTaP	Percentage
3 Polio	
1 MMR	
UTD Hib	
UTD HepB	
1 VAR	
UTD PCV	
UTD RV	
1 Influenza	
2 Hep A	
Childhood Coverage Level Results (series (0-3 years))	
4:3:1:3:3:1:4	Percentage
Missed Opportunities Outcome Measures	
Childhood Missed Opportunities Results (series (0-3 years))	
4:3:1:3:3:1:4	Percentage
Assessment Outcome Measures	
Adolescent Vaccine Coverage Level Results (single antigens (13-18 years))	
UTD HepB	Percentage
2 MMR	
2 VAR	
1 Tdap	
UTD Meningococcal	
3 HPV	
2 HPV	
1 HPV	
1 Influenza	
2 Hep A	
UTD Polio	
Missed Opportunities Outcome Measures	
Adolescent Missed Opportunities Results (series (13-18 years))	
3 HepB	Percentage
2 MMR	
2 VAR	
1 Tdap	
UTD Meningococcal	
3 HPV	
2 HPV	
1 HPV	
1 Influenza	
2 Hep A	
UTD Polio	

FIGURE 27: AFIX ASSESSMENT RESULTS

If a coverage percentage at the time of the site visit is not available, click the **SAVE** button, which enables skipping required responses and for completion later, when rates are available. The items required for reporting are marked with red asterisks (\*), but your program may also track non-required antigens.

Some antigen names have been modified to use up-to-date (UTD). UTD will be used in reference to vaccine measurements where a variable number of doses can be applied to achieve protection depending on patient age, date of first dose, and/or vaccine product licensure nuances.

## Feedback

Feedback is when the results of both the quantitative and qualitative assessments are presented to the provider.

FEEDBACK

Required Field Status: COMPLETE

Date of Feedback: 2/18/2016

\* INDICATES A REQUIRED FIELD.

Type of Feedback Method Used

☒ Face-to-face  
☐ Phone  
☐ E-mail  
☐ Mail  
☐ Fax  
☐ Other, please define below  
 Other feedback method:

Feedback Checklist Questions:

- Were the coverage level results and missed opportunities presented during your feedback session? ☒ Yes ☐ No
- Did you present the coverage level results for all assessed antigens and age groups? ☒ Yes ☐ No
- Did you explain the missed opportunities results and discuss possible causes? ☒ Yes ☐ No
- Did you ask the provider and their staff questions that test their understanding of the assessment reports? ☒ Yes ☐ No
- Did you explain the purpose of the Site Visit Questionnaire? ☒ Yes ☐ No
- Did you discuss the results of the Questionnaire? Please make sure you define and explain the QI strategies provided in the questionnaire. ☒ Yes ☐ No
- Did you note your observations of office practices and discuss opportunities for improvement during the feedback session? ☒ Yes ☐ No
- Did you encourage discussion among clinic staff during your session? ☒ Yes ☐ No
- Did you highlight the provider's areas of strength? ☒ Yes ☐ No
- Was a QI plan completed in collaboration with the provider staff providing the QI strategies to be implemented?  
 a. Was a timeline developed for implementing the QI strategies? ☒ Yes ☐ No
- Did you explain the program's incentives process? ☒ Yes ☐ No

 Feedback notes:

Delivery Method of Assessment Results

Assessment results delivered to providers:
 ☒ Assessment results delivered in paper form (typed up letter or report/s)  
☐ Assessment results delivered via conversation with the provider (in-person or over the phone)  
☐ Assessment results delivered using both paper form and a conversation  
☐ Other method  
 Other delivery method:

Was the provider made aware of a follow up process to take place within 6 months of the visits to re-run assessment rates and contact the practice for updates about implementation status of the selected QI measures?

☒ Yes  
☐ No

If you would like to attach a QI Plan or any other reports used for feedback, please click the link: [Upload/Attach files](#)

☒ I acknowledge that this page is complete, and all responses are final

SAVE

SAVE AND CONTINUE

SAVE AND QUIT

FIGURE 28: FEEDBACK

Indicate the Feedback date and the method of communication used for the Feedback. The **Feedback Checklist Questions** serve as a reminder of what to address during a feedback session. Specify how the Assessment results were delivered to the provider.

Any program documents used for Feedback files can be uploaded using the “**Upload/Attach files**” link, as shown in the figures above, which will take the user to the **AFIX File Upload** page, as seen below.

General Site Visit Info

Questionnaire

Assessment Results

Feedback

Initial Exchange

Subsequent Exchange

Summary

Files

Notes

AFIX FILE UPLOAD

Browse...

Provide brief description of file contents

UPLOAD/SAVE FILE

CANCEL

FIGURE 29: UPLOAD/ATTACHED FILES

## Initial eXchange

The initial eXchange, or follow-up, should take place between three and six months following the feedback session with every provider that received an AFIX visit. The initial eXchange includes reassessment of the provider's coverage data as well as updates on the implementation progress of the selected QI strategies.

### INITIAL EXCHANGE OF INFORMATION (FOLLOW-UP)

**Date of initial follow-up:**

**Type of Initial Exchange Method Used \***

☐ Face-to-face  
☐ Phone  
☐ E-mail  
☐ Mail  
☐ Fax  
☐ Other, please define below

Other Initial Exchange method:

**Number of age eligible (children/adolescents) assessed** Childhood (0-3):  \* Adolescent (13-18):  \*

**Reviewer Information \***

☐ Click if the reviewer is the same from the feedback session

**Reviewer Name:** **Choose reviewer:**

First name:  Last name:

What is your education level?:

Other Specify:

Note: The initial follow up should take place 3-6 months from the date of the Assessment

**FIGURE 30: INITIAL EXCHANGE OF INFORMATION**

Choose the appropriate options for the communication method of the initial eXchange, the number of age eligible children included in the reassessment, as well as the reviewer information. The reassessment of the provider's coverage data is for the same provider and same age group, but NOT the same list of patients from the original assessment.

Using your Immunization Information System, re-run the Assessment rates for the same provider and same age cohort within 6 months of the Feedback Date:

\* INDICATES A REQUIRED FIELD.

Assessment Outcome Measures ⓘ

Childhood coverage level results (single antigens (0-3 years))	Percent	Percentage Point Change	HP2020 Targets	Difference, Percent and HP2020	Percent Coverage Goal for Following Year
4 DTaP	<input type="text"/>	<input type="text"/>	90	<input type="text"/>	<input type="text"/>
3 Polio	<input type="text"/>	<input type="text"/>	90	<input type="text"/>	<input type="text"/>
1 MMR	<input type="text"/>	<input type="text"/>	90	<input type="text"/>	<input type="text"/>
UTD Hib	<input type="text"/>	<input type="text"/>	90	<input type="text"/>	<input type="text"/>
UTD HepB	<input type="text"/>	<input type="text"/>	90	<input type="text"/>	<input type="text"/>
1 VAR	<input type="text"/>	<input type="text"/>	90	<input type="text"/>	<input type="text"/>
UTD PCV	<input type="text"/>	<input type="text"/>	90	<input type="text"/>	<input type="text"/>
UTD RV	<input type="text"/>	<input type="text"/>	80	<input type="text"/>	<input type="text"/>
1 Influenza	<input type="text"/>	<input type="text"/>	80	<input type="text"/>	<input type="text"/>
2 HepA	<input type="text"/>	<input type="text"/>	85	<input type="text"/>	<input type="text"/>
Childhood Coverage Level Results (series (0-3 years))	Percent	Percentage Point Change	HP2020 Targets	Difference, Percent and HP2020	Percent Coverage Goal for Following Year
4:3:1:3:1:4	<input type="text"/>	<input type="text"/>	80	<input type="text"/>	<input type="text"/>

Missed Opportunities Outcome Measures

Childhood Missed Opportunities Results (series (0-3 years))	Percentage	Percentage Point Change	Missed Opportunities Goal for Following Year
4:3:1:3:1:4	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAVE DATA

Assessment Outcome Measures ⓘ

Adolescent Vaccine Coverage Level Results (single antigens (13-18 years))	Percent	Percentage Point Change	HP2020 Targets	Difference, Percent and HP2020	Percent Coverage Goal for Following Year
UTD Hep B	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
2 MMR	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
2 Varicella	<input type="text"/>	<input type="text"/>	90	<input type="text"/>	<input type="text"/>
1 Tdap	<input type="text"/>	<input type="text"/>	80	<input type="text"/>	<input type="text"/>
UTD Meningococcal	<input type="text"/>	<input type="text"/>	80	<input type="text"/>	<input type="text"/>
3 HPV	<input type="text"/>	<input type="text"/>	80	<input type="text"/>	<input type="text"/>
2 HPV	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
1 HPV	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
1 Influenza	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
2 HepA	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
UTD Polio	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Missed Opportunities Outcome Measures ⓘ

Adolescent Missed Opportunities Results (single antigens (13-18 years))	Percent	Percentage Point Change	Missed Opportunities Goal for Following Year
UTD HepB	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 VAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Tdap	<input type="text"/>	<input type="text"/>	<input type="text"/>
UTD Meningococcal	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 HPV	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 HPV	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 HPV	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Influenza	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 HepA	<input type="text"/>	<input type="text"/>	<input type="text"/>
UTD Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAVE DATA

FIGURE 31: INITIAL EXCHANGE, ASSESSMENT OUTCOME MEASURES, CHILDHOOD AND ADOLESCENT

As the reassessment percentages for **Childhood and/or Adolescent Assessment Outcome Measures** are entered, the **Percentage Point Change** in coverage and in missed opportunities are automatically calculated. The **Percent Coverage Goal for Following Year** and **Missed Opportunity Coverage Goal for Following Year** are optional entries and may be used to define a provider's coverage and missed opportunities goals.



As part of the initial follow up, the provider is to be contacted within 6 months of the visit to provide this information:

Progress toward implementing selected QI strategies

Strategies to improve the quality of immunization services

Q#	Recommended Quality Improvement Activity	Childhood Progress	Adolescent Progress
8	Do you regularly document vaccine refusals and the reasons for the refusal (parent choosing to delay, parent has vaccine safety concern, medical contraindication, etc)?	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)

Strategies to decrease missed opportunities

Q#	Recommended Quality Improvement Activity	Childhood Progress	Adolescent Progress
5	Do you have standing orders for registered nurses, physician assistants, and medical assistants to identify opportunities to administer all recommended pediatric/adolescent vaccines?	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)	<input checked="" type="radio"/> Fully implemented (100%) <input checked="" type="radio"/> Progress to full implementation (>50%) <input checked="" type="radio"/> Partially implemented (<50%) <input checked="" type="radio"/> No implementation (0%)
6	Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit?	<input checked="" type="radio"/> Fully implemented (100%) <input checked="" type="radio"/> Progress to full implementation (>50%) <input checked="" type="radio"/> Partially implemented (<50%) <input checked="" type="radio"/> No implementation (0%)	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)

Non-Standard QI Strategies

Q#	Recommended Quality Improvement Activity	Childhood Progress	Adolescent Progress
1	Strategies to decrease missed opportunities: Strategy to decrease missed opportunities	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)

Was a follow-up letter sent to provider (letter to include re-assessment rates and initial follow up information)

- ☐ Yes  
☐ No

Date the letter was/will be mailed out:

Were additional subsequent exchanges conducted?

- ☒ Yes  
☐ No

FIGURE 32: INITIAL EXCHANGE, IMPLEMENTATION PROGRESS OF SELECTED QI STRATEGIES

Four (4) implementation progress options are provided for the QI strategies selected in the Site Visit Questionnaire: Fully implemented (100%), Progress to full implementation (>50%), Partially implemented (<50%), and No implementation (0%). Currently, there are no set standards to assess completion percentage, but CDC's expectation is that the user will communicate the percentages to the provider and they, together, will determine the progress.

Example: if a selected QI strategy is to “educate parents about immunizations and the diseases they prevent, even when the parents refuse to immunize,” and the provider mentions that:

- The staff now educates every parent that refuses to immunize, “Fully implemented (100%)” is appropriate
- The staff educates some parents, depending on time, “Progress to full implementation (>50%)” is appropriate
- The strategy is being discussed with staff, and they are planning the QI strategy implementation, “Partially implemented (<50%)” is appropriate
- No progress has been made, then “No implementation (0%)” is appropriate

Were additional subsequent exchanges conducted?

☒ Yes  
☐ No

If you would like to attach the letter used for follow-up, please click the link: [Attach files to this section](#)

☐ I acknowledge that this page is complete, and all responses are final

FIGURE 33: INITIAL EXCHANGE FILE UPLOAD

Indicate whether a subsequent exchange was carried out. You will not be able to access the Subsequent Exchange page unless you indicate under Initial Exchange that a subsequent exchange was carried out.

Any program documents used for initial eXchange files can be uploaded using the “**Upload/Attach files**” link.

## Subsequent eXchange

Subsequent eXchanges take place when the initial follow up does not yield 100% implementation of selected QI measures or when a subsequent eXchange is requested by the provider staff.

Subsequent eXchange of Information (to be implemented as needed) PROVIDE SUBSEQUENT EXCHANGE INFORMATION

Reviewer Information

☒ Click if the reviewer is the same from the initial eXchange

Reviewer Name: Choose reviewer:

First name:  Last name:

What is your education level?:

Other Specify:

Provider contact details

Date of Contact with Provider:

Type of contact with Provider:

Why was the subsequent exchange made?:

Were the eXchanges of Information documented?

☒ Yes, all subsequent eXchanges of Information were documented  
☐ Yes, we only completed an Initial eXchange of Information and it was documented  
☐ No, only the initial eXchange of Information was documented but not the subsequent ones  
☐ No, none were documented

If you would like to attach the letter used for follow-up, please click the link: [Attach files to this section](#)

FIGURE 34: SUBSEQUENT EXCHANGE 1

Select the reviewer, enter the details of the subsequent eXchange contact, and indicate whether the eXchanges were documented. All subsequent eXchange dates must be recorded.

On **Subsequent Exchange** pages, a user has the ability to record the reassessment results and missed opportunities if the user selects to run coverage 3 or more times. Coverage rates are not required to be generated for subsequent exchange – this process is up to your program to decide.

As part of the subsequent follow-up telephone call, you are to collect information about progress towards implementing selected QI measures using the latest implementation status provided during Initial eXchange of Information.

#### Progress towards implementing selected QI strategies

##### Non Standard QI Strategies

Q#	Recommended Quality Improvement Activity	Childhood Progress	Adolescent Progress
1	Strategies to improve IIS functionality and data quality: Strategies to improve...	<input type="radio"/> Fully implemented (100%) <input checked="" type="radio"/> Progress to full implementation (> 50%) <input type="radio"/> Partially implemented (< 50%) <input type="radio"/> No implementation (0%) <input type="radio"/> Fully implemented (100%) in previous exchange(s)	<input type="radio"/> Fully implemented (100%) <input checked="" type="radio"/> Progress to full implementation (> 50%) <input type="radio"/> Partially implemented (< 50%) <input type="radio"/> No implementation (0%) <input type="radio"/> Fully implemented (100%) in previous exchange(s)

Were additional subsequent exchanges conducted?

- ☐ Yes  
☒ No

SAVE DATA

☒ I acknowledge that this page is complete, and all responses are final

SAVE

SAVE AND CONTINUE

SAVE AND QUIT

FIGURE 35: SUBSEQUENT EXCHANGE 2

After determining the implementation progress of the selected QI strategies, indicate whether additional Subsequent eXchanges were conducted. If yes, saving the data will provide another data entry form for the additional Subsequent eXchange that mirrors the previous Subsequent eXchange. If no, save the data to finish the data entry for the site visit and review the summary.

## Summary

The **Site Visit Summary** tab provides a summary of all site visit information documented for that visit.

General Site Visit Info	Questionnaire	Assessment Results	Feedback	Initial Exchange	Subsequent Exchange	Summary	Files	Notes
<b>SITE VISIT SUMMARY</b> <span>READ-ONLY - DATA IS NOT EDITABLE</span> <span>EXPAND ALL SECTIONS   PRINTER-FRIENDLY VERSION   DOWNLOAD TO EXCEL   DOWNLOAD TO PDF   AFIX REPORTS</span>								
GENERAL SITE VISIT INFORMATION +								
SITE VISIT QUESTIONNAIRE +								
ASSESSMENT RESULTS (COVERAGE RATES AND MISSED OPPORTUNITIES) +								
FEEDBACK +								
INITIAL EXCHANGE OF INFORMATION (FOLLOW-UP) +								
SUBSEQUENT EXCHANGE OF INFORMATION (FOLLOW-UP) +								
END OF SUMMARY REPORT								
Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A Tel: (404) 639-3311 / Public Inquiries: (404) 639-3534 / (800) 311-3435								

FIGURE 36: SITE VISIT SUMMARY

In the top right hand corner, there are options of printing the Summary page, in printer-friendly or PDF format, and/or downloading the data to excel. This data can be used to share with the provider or with others in the user's program. The AFIX Reports section can be accessed from as well. Clicking "+" expands each section and clicking "-" minimizes each section.

## Files

**Files** contains all files that have been uploaded and attached as part of the site visit. **Files** also enables you to upload and attach any other site visit documents available to you, click the **Upload/Attach files** link to attach additional documents.

The screenshot shows the 'Files' tab selected in a navigation bar. Below the navigation bar, the heading 'AFIX FILE LISTING' is followed by a link 'Upload/Attach files'. A table titled 'SUPPLEMENTAL FILE LISTING FOR AFIX...' is displayed, containing a single message: 'There are no files saved and attached to this provider site visit.'

FIGURE 37: FILES

Click on the file name to view the selected document and/or click on “Remove this file” to delete the selected file.


## Notes

The screenshot shows the 'Notes' tab selected in a navigation bar. Below the navigation bar, the heading 'SITE VISIT NOTES' is followed by the instruction: 'Please enter your site visit notes below. Notes will be displayed in a table. You may enter as many separate notes as you wish.' A large text input area is provided for notes, and a 'SAVE NOTES' button is located at the bottom left of the input area.

FIGURE 38: NOTES

The site visit notes can be documented in the **Notes** page for record keeping and review purposes. These notes will not appear on any report; they are intended for program use only.

## Help/Updates




Attention: AFIX System Update (Last Updated 01/05/2016) [Click here for AFIX updates](#)

**TRAINING MATERIALS**

- [AFIX Online Tool User Guide](#)
- [AFIX Site Visit Questionnaire Answer Guide](#)

**ADDITIONAL RESOURCES**

- [AFIX Online Tool Required Fields](#)



**COMMENTS AND SUGGESTIONS**

Please provide any comments or suggestions below. Your entry is anonymous and will go directly to the CDC AFIX Team. For urgent issues, please contact the Help Desk.

What is your Position?  

Select an Option

Specify Comment/Suggestion

POST COMMENT/SUGGESTION

CLICK HERE TO REVIEW COMMENTS/SUGGESTIONS

QUESTIONS? CONTACT THE HELP DESK: [AFIXONLINE@CDC.GOV](mailto:AFIXONLINE@CDC.GOV) or 1-800-803-5212

FIGURE 39: HELP/UPDATES

The **Help/Updates** page contains the AFIX Online Tool’s training materials and additional resources as well as the ability for users to submit comments and/or suggestions to CDC. The “Click here for AFIX updates” link at the top of the page will take the user to CDC AFIX Online Tool updates, program updates, and reminders.

## AFIX-Reports

### ASSESSMENT, FEEDBACK, INCENTIVES, EXCHANGE PROGRAM Online Reporting Tool

**AFIX Site Visit Tool Printable Documents**

- [AFIX Site Visit - Full Document](#)
- [AFIX Site Visit - General Site Visit Information](#)
- [AFIX Site Visit - Questionnaire](#)
- [AFIX Site Visit - Assessment Results](#)
- [AFIX Site Visit - Feedback](#)
- [AFIX Site Visit - Initial eXchange of Information](#)
- [AFIX Site Visit - Subsequent eXchange of Information](#)
- [AFIX Site Visit - Additional Subsequent eXchanges of Information](#)
- [AFIX Site Visit - Notes](#)

**AFIX Resources**

- [AFIX Policies and Procedure Guide](#)
- [AFIX Overview](#)
- [AFIX Site Visit Checklist](#)
- [Quality Improvement Action Plan](#)
- [eXchange of Information Plan](#)
- [Tips for Communicating with the Physicians](#)
- [Additional Resources](#)
- [AFIX Logic Model](#)
- [Suggestions to Improve Immunization Practice Guide](#)

**Management Reports**

AFIX Annual Report (AFIXAR)

Select Calendar Year

AFIX Site Visit Status Report

Select Calendar Year

AFIX Assessment Questionnaire Aggregate Report

Select Calendar Year

AFIX Assessment Results Aggregate Report

Select Calendar Year

AFIX Assessment Results and Follow-up Results Aggregate Report

Select Calendar Year

AFIX Feedback Results Aggregate Report

Select Calendar Year

AFIX eXchange of Information results Aggregate Report

Select Calendar Year

AFIX Provider Follow-up Report

Select Calendar Year



FIGURE 40: AFIX-REPORTS

The AFIX-Reports page contains **AFIX Site Visit Tool Printable Documents**, **AFIX Resources**, and **Management Reports**.

## AFIX Site Visit Tool Printable Documents

1. **AFIX Site Visit – Full Document:** A hardcopy of the complete AFIX Site Visit
2. **AFIX Site Visit - General Site Visit Information:** Hardcopy of the general site visit information portion of the AFIX Site Visit
3. **AFIX Site Visit – Questionnaire:** Hardcopy of the questionnaire to be used during site visits
4. **AFIX Site Visit – Assessment Results:** Hardcopy of the assessment results for childhood and adolescent visits to be recorded during site visits
5. **AFIX Site Visit – Feedback:** Hardcopy of the feedback portion of an AFIX site visit.
6. **AFIX Site Visit – Initial eXchange of Information:** Hardcopy of the Initial eXchange portion of an AFIX Site Visit
7. **AFIX Site Visit – Subsequent eXchange of Information:** Hardcopy of the Subsequent eXchange portion of an AFIX Site Visit
8. **AFIX Site Visit – Notes:** Hardcopy of the notes section

## AFIX Resources

1. **AFIX Policies and Procedures:** First edition manual for the AFIX Program
2. **AFIX Overview:** Overview of the AFIX program, including goals, roles and responsibilities
3. **AFIX Site Visit Checklist:** Information and materials checklist for a site visit
4. **Quality Improvement Action Plan:** Hardcopy of the Quality Improvement Action Plan
5. **Quality Improvement Action Steps:** Hardcopy of CDC’s suggested action steps for QI strategies
6. **Tips for Communicating with the Physicians:** AFIX visit tips from a physician’s perspective
7. **Additional Resources:** Resources providing additional, beneficial information
8. **AFIX Logic Model:** Examples of intended inputs, activities, outputs and outcomes for AFIX
9. **Suggestions to Improve Your Immunization Services:** Checklist for providers for best approaches in decreasing missed opportunities and increasing vaccination coverage

## Management Reports

1. **AFIX Annual Report:** An aggregate summary of all site visit data for the CY year. This report is annually required by CDC.
2. **AFIX Site Visit Status Report:** Status of Site Visit Completion by provider clinic/practice
3. **AFIX Assessment Questionnaire Aggregate Report:** An aggregate summary of all data items collected in the Questionnaire page.
4. **AFIX Assessment Results Aggregate Report:** An aggregate summary of all data items collected in the Results page.
5. **AFIX Assessment Results and Follow-up Results Aggregate Report:** An aggregate comparison between initial and follow-up assessment results.
6. **AFIX Feedback Results Aggregate Report:** An aggregate summary of all data items collected in the Feedback page.

7. **AFIX eXchange of Information Results Aggregate Report:** An aggregate summary of all data items collected in the Exchange of Information page.
8. **AFIX Provider Follow-up Report:** A list of all providers due for follow-ups.

## Submitting the AFIX Annual Report

CENTERS FOR DISEASE CONTROL AND PREVENTION • NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES
Welcome **Helen Fisun**  
[Exit/Logout](#)

**PROGRAM ANNUAL REPORT AND PROGRESS ASSESSMENTS**

Home | **Annual Reports** | School Reports | IPE | IIS-EHR | PES

**WELCOME TO PROGRAM ANNUAL REPORT AND PROGRESS ASSESSMENTS (PAPA)!**  

The PAPA website contains many of the reports that CDC awardees are periodically requested to complete. To access any of the these reports, please click the links located on the navigation bar above, or in the content below.

FIGURE 41: PAPA, ANNUAL REPORTS

CY2015 Annual Progress Reports are listed below.

### ANNUAL PROGRESS REPORT - CURRENT (CY2015)

[Adult](#) -Coming Soon  
[Adolescent](#) -Coming soon  
**[AFIX Annual Report](#)** -Coming soon  
[American Indian/Alaska Native](#) -Coming soon  
[Disease Surveillance](#) -Not available for 2016  
[Highlights](#) -Coming soon  
[Immunization Information Systems \(IIS\)](#) -Available  
[Perinatal Hepatitis B](#) -Coming soon  
[Preparedness - Pandemic Flu](#) -Coming soon  
[Vaccine Safety](#) -Coming soon  
[VFC Management Report](#) -Coming soon

### Due Dates:

AFIX & VFC: -Coming soon  
IIS Annual Report: - Released - due date TBD  
IIS Business Plan (due to your IIS Consultant) -Coming soon  
2015 Annual Report: -Coming soon

### RECENT RELEASES

### ANNUAL PROGRESS REPORT - PRIOR YEARS

Adult	<a href="#">2014</a>   <a href="#">2013</a>   <a href="#">2012</a>   <a href="#">2011</a>   <a href="#">2010</a>
Adolescent	<a href="#">2014</a>   <a href="#">2013</a>   <a href="#">2012</a>   <a href="#">2011</a>   <a href="#">2010</a>
AFIX Annual Report	<a href="#">2014</a>   <a href="#">2013</a>
AIAN	<a href="#">2014</a>   <a href="#">2013</a>   <a href="#">2012</a>   <a href="#">2011</a>   <a href="#">2010</a>
Disease Surveillance	<a href="#">2013</a>   <a href="#">2012</a>   <a href="#">2011</a>   <a href="#">2010</a>
Highlights	<a href="#">2014</a>   <a href="#">2013</a>   <a href="#">2012</a>   <a href="#">2011</a>   <a href="#">2010</a>
IIS	<a href="#">2014</a>   <a href="#">2013</a>   <a href="#">2012</a>   <a href="#">2011</a>   <a href="#">2010</a>
Perinatal Hepatitis B	<a href="#">2014</a>   <a href="#">2013</a>   <a href="#">2012</a>   <a href="#">2011</a>   <a href="#">2010</a>
Preparedness - Pandemic Flu	<a href="#">2014</a>   <a href="#">2013</a>   <a href="#">2012</a>   <a href="#">2011</a>
Vaccine Safety	<a href="#">2014</a>   <a href="#">2013</a>   <a href="#">2012</a>   <a href="#">2011</a>   <a href="#">2010</a>
VFC Management Report	<a href="#">2014</a>   <a href="#">2013</a>   <a href="#">2012</a>   <a href="#">2011</a>   <a href="#">2010</a>

FIGURE 42: PAPA, AFIX ANNUAL REPORT

The Annual Reports tab on the PAPA Homepage will take the user to Annual Reports page where the AFIX Annual Report can be submitted, as seen above.

## AFIX Online Tool Required Fields

Required Fields		
	Site Visit Page Name	Required Field Name
1	General Site Visit Information	<ol style="list-style-type: none"> <li>1. Name of reviewer</li> <li>2. Education level of reviewer</li> <li>3. Assessment date</li> <li>4. Assessment name</li> <li>5. Assessment questionnaire</li> <li>6. Assessment age cohort</li> <li>7. Number of age eligible (children/adolescents) in practice</li> <li>8. Number of age eligible (children/adolescents) assessed in practice</li> <li>9. AFIX visit               <ol style="list-style-type: none"> <li>a. If VFC/AFIX visit: Type of VFC visit conducted</li> </ol> </li> <li>10. AFIX Assessment method used</li> <li>11. AFIX Assessment tool or combination of tools used</li> </ol>
2	Questionnaire	<ol style="list-style-type: none"> <li>1. YES, NO, or N/A response for each question.</li> <li>2. Selection of 2-3 QI strategies.</li> <li>3. Description of Non-Standard QI Strategy, if applicable</li> <li>4. Quality Improvement Action Plan               <ol style="list-style-type: none"> <li>a. Planned Initial eXchange Date</li> <li>b. Method of initial eXchange communication</li> </ol> </li> </ol>
3	Assessment Results	<ol style="list-style-type: none"> <li>1. Childhood Vaccine Coverage Level Results, if applicable               <ul style="list-style-type: none"> <li>4 DTaP</li> <li>3 Polio</li> <li>1 MMR</li> <li>UTD Hib</li> <li>UTD HepB</li> <li>1 VAR</li> <li>UTD PCV13</li> </ul> </li> <li>2. Coverage level results (series (0-3 years)), if applicable</li> <li>3. Missed opportunities results (series (0-3 years)), if applicable</li> <li>4. Adolescent Vaccine Coverage Level Results, if applicable               <ul style="list-style-type: none"> <li>1 Tdap</li> <li>UTD Meningococcal</li> <li>3 HPV</li> </ul> </li> <li>5. Adolescent Missed Opportunities Results, if applicable               <ul style="list-style-type: none"> <li>1 Tdap</li> <li>UTD Meningococcal</li> <li>3 HPV</li> </ul> </li> </ol>



Required Fields		
	Site Visit Page Name	Required Field Name
4	Feedback	<ol style="list-style-type: none"> <li>1. Date of Feedback</li> <li>2. Type of Feedback Method Used</li> <li>3. Delivery Method of Assessment Results</li> </ol>
5	Initial eXchange of Information (follow-up)	<ol style="list-style-type: none"> <li>1. Type of Initial Exchange Method Used</li> <li>2. Number of age eligible (children/adolescents) assessed</li> <li>3. Reviewer information</li> <li>4. Childhood Vaccine Coverage Level Results, if applicable               <ul style="list-style-type: none"> <li>4 DTaP</li> <li>3 Polio</li> <li>1 MMR</li> <li>UTD Hib</li> <li>UTD HepB</li> <li>1 VAR</li> <li>UTD PCV13</li> </ul> </li> <li>5. Coverage level results (series (0-3 years)), if applicable</li> <li>6. Missed opportunities results (series (0-3 years)), if applicable</li> <li>7. Adolescent Vaccine Coverage Level Results, if applicable               <ul style="list-style-type: none"> <li>1 Tdap</li> <li>UTD Meningococcal</li> <li>3 HPV</li> </ul> </li> <li>8. Adolescent Missed Opportunities Results, if applicable               <ul style="list-style-type: none"> <li>1 Tdap</li> <li>UTD Meningococcal</li> <li>3 HPV</li> </ul> </li> <li>9. Progress toward implementing selected QI strategies</li> <li>10. Was a follow-up letter sent to provider?</li> </ol>
6	Subsequent eXchange of Information (follow-up)	<ol style="list-style-type: none"> <li>1. Reviewer Information</li> <li>2. Provider contact details</li> <li>3. Were the eXchanges of information documented?</li> <li>4. Progress toward implementing selected QI strategies</li> <li>5. Were additional subsequent exchanges conducted?</li> </ol>

FIGURE 43: AFIX ONLINE TOOL REQUIRED FIELDS